

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 580903

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4		2		/		
5		2		/		
6		2		/		
7		2		/		
8		2		/		
9		/		/		
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11	/	/		/		
12	/		/	/		
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21		/		/		
22		/		/		
23		/		/		
24		/		/		
25		6		/		
26		8		/		
27		6		/		
28		/		/		
29		/		/		
30		2		/		
31		/		/		
32	/		/	/		
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39		/		/		
40	/		/	/		
41		/		/		
42		/		/		
43	/		/	/		
44	/		/	/		
45		2		/		
46	/		/	/		
47		/		/		
48		/		/		
49		3		/		
50	/		/	/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53		/		/		
54		/		/		
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60		/	/	/		
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62		/		/		
63		/		/		
64		5		/		
65		5		/		
66	/			/		
67		/		/		
68		/		/		
69		3		/		
70			/			
71				/		
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89				/		
90				/		
91				/		
92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						